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Antidepressant Medication and Children: Tips for Parents

To help parents better understand and make decisions about the use of Selective Serotonin Reuptake Inhibitor (SSRI) antidepressant medication for their children, the National Mental Health Association has prepared this fact sheet.

Childhood depression is a very serious health problem that affects one in 8 adolescents and one in 33 children. Left untreated, depression can lead to significant problems at home, in school and with peers - as well as to life-threatening problems such as substance abuse and suicide. The good news is that depression in children is very treatable, with psychotherapy, medication, or a combination of the two.

In October 2004 the U.S. Food and Drug Administration ordered that SSRIs prescribed for children carry a "black box" label. The strongest warning the agency puts forth raises questions regarding the potential risk for suicide.

In light of this warning, NMHA offers the following tips for parents on how best to approach their child's care.

- Seek help if your child shows signs of depression or other mental health problems. Discuss all available treatment options with your child's doctor, and carefully weigh all the risks and benefits associated with each treatment. (If your child is already being treated, express



any concerns that you have to your child's doctor.)

- If your child is prescribed an antidepressant medication, watch him or her closely and make sure s/he receives a thorough evaluation, continual follow-up and careful monitoring - particularly in the first several weeks - by a qualified doctor.
- Educate yourself about the warning signs of suicide and act quickly if you are concerned. Many people are afraid to discuss the issue of suicide for fear of "planting" the idea, but it is actually better to be open and direct.
- If your child is taking an antidepressant, do not abruptly discontinue use. Doing so can lead to significant side effects.
- Separate "fact from fiction" by using credible sources with information based on sound medical science rather than rumor or opinion. Beware of extreme claims, such as antidepressants are "always dangerous" or "never effective." Medical research has demonstrated that such statements are misleading and dangerous.

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Study: **Suicide Query Won't Plant the Idea**

April 6, 2005 CHICAGO (AP) — A study suggests, asking teenagers about suicide won't make them more likely to contemplate it, as some parents and school officials fear, a study suggests. In fact, the study found that simply asking troubled students about any suicidal impulses appears to ease their distress and might make some of them less likely to try killing themselves.

The results confirm what many mental health experts already believe and should alleviate fears among some parents and schools that just mentioning suicide might plant the idea in teens' minds, said study author Madelyn Gould, a researcher at Columbia University and New York Psychiatric Institute.

National data suggest that each year more than 3 million youngsters ages 15 to 19 think seriously about committing suicide. About 1.7 million try it, with more than half of the attempts requiring medical attention; and about 1,600 succeed.

"Without asking a kid directly, it's sometimes hard to pick up," Gould said.

Her study involved 2,342 students at six suburban New York high schools who answered two mental health questionnaires two days apart. Half the students — the experimental group — also received about 20 suicide-related questions on both surveys. The questions included whether they had considered suicide and whether they thought it would be better if they were dead. The other half got suicide-related questions only on the second survey.

The groups' scores on emotional distress measures were similar before and after the first survey. And roughly 4 percent in both groups said they had had suicidal ideas since the first survey.

Among teens with previous suicide attempts, the experimental group had slightly fewer suicidal ideas than the comparison group after the first survey. Among depressed teens, the experimental group had slightly less emotional distress than the comparison group after the first survey.



Those results bolster the idea that asking troubled teens about suicide gives them a chance to "unburden themselves," while not asking may signal "that you don't care," said Lenny Berman, executive director of the American Association of Suicidology.

The study appears in the Journal of the American Medical Association.

The notion that asking teens about suicide might be harmful stems from "the centuries-long history of suicide being stigmatized" as something to be avoided, Berman said. "It comes from people who are anxious about even using the word."

Hundreds of U.S. schools have used suicide screening, "but there is a lot of resistance," Gould said. She said some school officials are worried about being blamed if students harm themselves after taking a survey.

Michael Carr, spokesman for the National Association of Secondary School Principals, said the group generally supports suicide screening in schools, particularly if professionals are brought in to conduct the surveys.

"Too often, the resources aren't there," he said.

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Summer Safety for Kids

Bicycles, Skateboards, Rollerblades

The National Safe Kids Campaign reports that bicycles are associated with more childhood injuries than any other consumer product except automobiles. Children should wear a helmet that sits flat on their head and has a snug chin strap. Make sure their bikes are equipped with reflective lights, including head and tail lights.

Swimming

Pools and other bodies of water are fun, but can be very dangerous. Children can drown in as little as one inch of water in minutes - about the time it takes to run inside and answer the phone.

Outdoors

The best insect repellents contain DEET, but don't spray them on babies!

If an insect bite or sting causes nausea, dizziness, tightness in the throat or hives, get children to a doctor immediately.

Use sunblock with a sun protection factor (SPF) of 15 or more. Apply sunscreen every three to four hours, and if kids are swimming, use a waterproof sunscreen and apply it every two hours.

Suicide Query...continued from previous page

Dr. David Fassler, a Burlington, Vt., child psychiatrist, said that when it comes to teen suicide, "we need to do a better job of identifying these kids as early as possible."

Signs that a teenager might be contemplating suicide:

- Talking or writing about suicide.
- Extreme irritability.
- A major change in sleeping patterns.
- A decline in academic performance.
- Abandoning once-favored activities.
- Avoiding friends.
- Giving away favored possessions.

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Remember that the worst possible situation for a child with a mental health problem is to go without any treatment at all.

Additional information for parents and families concerned about the use of medication in treating depression in children and adolescents is available at www.parentsmedguide.org.

Information for parents on depression and other childhood mental disorders is available under the mental health information link at www.nmha.org or by calling the NMHA Resource Center at 800-969-NMHA (6642).

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BPA Spotlight

Staff members organized teams for two of the recent charitable walks in Boise. Kelly Catt and Jade Ashley participated in the American Heart Association Heart Walk on April 2nd, which raises funds to fight heart disease and stroke. Amanda Iverson participated in the Susan G. Komen Race for Cure supporting breast cancer research held on May 7th.

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information*

IBHP providers are available wherever you are located. Call the BPA Hotline to schedule an appointment with an IBHP provider near you:

IBHP HOTLINE
TOLL FREE/24 HOUR
1-877-427-2327

Residents of the Treasure Valley call
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www.bpahealth.com



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